

Colorado Home and Community Based Settings A Survey for Individuals, Families, and Advocates

Medicaid is a government program that provides funding for services and supports that helps low income older adults and people with disabilities across the country live in their communities. These services and supports can take place in the home, the workplace or in day program settings.

The Centers for Medicare and Medicaid Services (CMS), the Federal funding and oversight agency for the Medicaid program, released a new rule to make sure that these services and supports, and the places where they are provided, are truly part of the community.

Some Home and Community Based Services Settings already do this, and others may need to make changes to follow the rule. This survey will help Colorado identify which homes and workplaces may need additional support.

See the table below for a summary of characteristics of homes and workplaces that follow the rule.

Characteristics of the home	Characteristics of the workplace
<ul style="list-style-type: none">• It's part of the community.• You can be active in the community.• You can go into the community when you want to• You can choose your roommates.• You can decorate how you choose• You have legal protections and rights.• You can access all shared living space in the home.• You have privacy.• You can have visitors when you want.• You decide your schedule.• You can eat when you want.• You can spend your money how you want.• You can interact with people with and without disabilities.	<ul style="list-style-type: none">• It's part of the community.• You choose if you want to work and where.• You have input on hours and schedules.• You can choose to volunteer.• You receive supports to work or volunteer.• You can interact with people with and without disabilities.

The survey may take you approximately 10 minutes to complete. Thank you for taking the time to complete this Survey on Home and Community Based Settings.

Identifying Question:

1. I am a:

- ☐ Person who receives Medicaid funded home and community based services.
- ☐ Family member or friend of a person who receives Medicaid funded home and community based services.
- ☐ Advocate representing persons receiving Medicaid funded home and community based services.

Questions for Individuals

Settings Questions:

- 1) Please list the address where you live and receive Medicaid-funded services.

☐ I do not receive Medicaid-funded services in my home.

- 2) Please list the address where you work and receive Medicaid-funded services.

☐ I do not receive Medicaid-funded services in the workplace.

Questions about the Home

Integration: The regulation requires that you have full access to the benefits of community living and are able to receive services in the most integrated setting. The following questions are designed to find out if your home is in line with the requirement.		
1.	Is your home in the community among other homes and apartments or businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
2.	I interact with my neighbors...	<input type="checkbox"/> Multiple times per week <input type="checkbox"/> Once a week <input type="checkbox"/> A few times a month <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I don't have neighbors
3.	Do you have friends and relationships with persons other than paid staff, family, or other individuals receiving services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
4.	Do you know about activities that happen outside of your home (for example, a fair, movies, music event)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
5.	Does the staff at your home provide information about public transportation such as buses or taxi's?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
6.	Do you or your guardian decide how to spend your money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
Choice: The regulation requires that you have a choice of where you live. The following questions are designed to find out if your home is in line with the requirement		
7.	Did you have a say in where you were going to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
8.	If you have roommates or housemates who are not family members, did you choose them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
9.	Did you choose to live in a home where roommates were already living?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
Independence: The regulation requires that you can make your own choices. The following questions are designed to find out if your home is in line with the requirement		
10.	Can you generally go where you want outside of your home, such as out to lunch or shopping or attend a church?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
11.	Are you generally able to schedule your appointments/outings at your convenience as opposed to the convenience of the paid staff at your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me

Questions for Individuals

12.	Do have access to your room and the common areas in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
13.	Can you eat when you want to (barring any diet restrictions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
14.	Can you talk on the phone when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
15.	Can you have visitors when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
16.	Can you leave your home when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
Rights: The regulation requires that you are treated well, and feel safe (and comfortable) in your home. The following questions are designed to find out if your home is in line with the requirement		
17.	Do the staff in your home treat you with respect?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
18.	Do the staff in your home respect your choices?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
19.	Do the staff in your home respect your privacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
20.	Can you keep your things safe in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me

Questions about the Workplace

Integration: The regulation requires that you have full access to the benefits of community living and are able to receive services in the most integrated setting. The following questions are designed to find out if your home is in line with the requirement.		
1.	Is your job or day program in the community with other private homes or businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
2.	In general, do you feel you have the supports you need to be successful in your volunteer position, paid job, or day program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
Choice: The regulation requires that you have a choice of where you live. The following questions are designed to find out if your home is in line with the requirement		
3.	Do you feel you have the support to seek a volunteer opportunity, paid job, or participate in a day program in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
Independence: The regulation requires that you can make your own choices. The following questions are designed to find out if your home is in line with the requirement		
4.	Do you have the support to give input on your work schedule, break/lunch times and benefits at your job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
Rights: The regulation requires that you are treated well, and feel safe (and comfortable) in your home. The following questions are designed to find out if your home is in line with the requirement		
5.	Do you feel like you work enough hours during the week? If not, do you feel you have the supports to negotiate your work hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me

Closing Questions

6. Do you have any additional comments about the services you receive?

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7. Your response is anonymous. If you would like us to know who you are, please add your contact information below

Name:

E-mail:

Thank you for taking the time to complete this survey! Please watch for updates to Colorado's compliance to the rule requirements by visiting our webpage at <https://www.colorado.gov/pacific/hcpf/hcbs-waiver-transition>

Questions for Families

Please submit this survey to:

Caitlin Phillips and Adam Tucker
Colorado Department of Health Care Policy and Financing
Office of Community Living
1570 Grant St.
Denver, CO 80203
Or
Fax: 303-866-2786
Or
caitlin.phillips@state.co.us
adam.tucker@state.co.us

Questions for Families

Settings Questions:

- 1) Please list the address where your family member or friend lives and receives Medicaid funded home and community based services.

- ☐ My family member or friend does not receive Medicaid funded home and community based services in my home.
- 2) Please list the address where your family member or friend works and receives Medicaid funded home and community based services.

- ☐ My family member or friend does not receive Medicaid funded home and community based services in the workplace.

Questions about the Home

The regulation requires that your family member and/or friend have full access to the benefits of community living and are able to receive services in the most integrated setting. The following questions are designed to find out if their home is in line with the requirement.

Thinking about your family member and/or friend who receives Medicaid funded home and community based services...

Integration: The regulation requires that you have full access to the benefits of community living and are able to receive services in the most integrated setting. The following questions are designed to find out if your home is in line with the requirement.		
21.	Is their home in the community among other private residences or retail businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
22.	They interact with their neighbors...	<input type="checkbox"/> Multiple times per week <input type="checkbox"/> Once a week <input type="checkbox"/> A few times a month <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I don't know <input type="checkbox"/> I don't have neighbors
23.	Do they have friends and relationships with persons other than paid staff, family, and other people receiving services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
24.	Do they know about activities that happen outside of their home (for example, a fair, movies, music event)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
25.	Does their home provide information about public transportation, such as buses and taxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
26.	Do they or their guardian decide how to spend their money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Choice: The regulation requires that you have a choice of where you live. The following questions are designed to find out if your home is in line with the requirement		
27.	Did they have a say in where they were going to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
28.	If they have roommates or housemates who are not family members, did they choose them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
29.	Did they choose to live in a home where roommates were already living?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

Questions for Families

Independence: The regulation requires that you can make your own choices. The following questions are designed to find out if your home is in line with the requirement		
30.	Can they generally go where they want outside of their home, such as out to lunch, shopping, or attend a church?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
31.	Are they generally able to schedule their appointments/outings at their convenience as opposed to the paid staff at their home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
32.	Can they go where they want in their home, such as their bedroom or the kitchen?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
33.	Can they eat when they want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
34.	Can they talk on the phone when they want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
35.	Can they have visitors when they want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
36.	Can they leave their home when they want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Rights: The regulation requires that you are treated well, and feel safe (and comfortable) in your home. The following questions are designed to find out if your home is in line with the requirement		
37.	Are the staff in their home nice to them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
38.	Can they keep their things safe in their home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

Questions about the Workplace

The regulation requires that your family member and/or friend have full access to the benefits of community living and are able to receive services in the most integrated setting. The following questions are designed to find out if their workplace is in line with the requirement.

Thinking about your family member and/or friend who receives Medicaid funded home and community based services...

Integration: The regulation requires that you have full access to the benefits of community living and are able to receive services in the most integrated setting. The following questions are designed to find out if your home is in line with the requirement.		
8.	Is their job or day program in the community with other private homes or businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
9.	In general, do they feel they have the supports needed to be successful in their volunteer position, paid job, or day program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Choice: The regulation requires that you have a choice of where you live. The following questions are designed to find out if your home is in line with the requirement		
10.	Do they feel they work enough hours in a week? If not, do they have the support to negotiate their hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Independence: The regulation requires that you can make your own choices. The following questions are designed to find out if your home is in line with the requirement		
11.	Do they have support to give input on their work schedule, break/lunch times, and benefits at their job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Rights: The regulation requires that you are treated well, and feel safe (and comfortable) in your home. The following questions are designed to find out if your home is in line with the requirement		
12.	Do they feel they have the support to seek a volunteer opportunity, paid job, or participate in a day program in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

Closing Questions

1. Do you have any additional comments about the services your family member or friend receives?

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2. Your response is anonymous. If you would like us to know who you are, please add your contact information below

Questions for Families

Name:

E-mail:

Thank you for taking the time to complete this survey! Please watch for updates to Colorado's compliance to the rule requirements by visiting our webpage at <https://www.colorado.gov/pacific/hcpf/hcbs-waiver-transition>.

Please submit this survey to:

Caitlin Phillips and Adam Tucker
Colorado Department of Health Care Policy and Financing
Office of Community Living
1570 Grant St.
Denver, CO 80203
Or
Fax: 303-866-2786
Or
caitlin.phillips@state.co.us
adam.tucker@state.co.us

Questions for Advocates

1) Are you are aware of any settings that do not meet the HCBS requirements?

- ☐ Yes
- ☐ No

For each residential setting that does not meet the HCBS requirement, please provide the following information:

2)

Provider Name	
Provider Address (If you have it)	
Setting Type	

3) Areas of Non-Compliance (check all that apply)

- ☐ Interactions are limited to individuals and paid staff
- ☐ It's not part of the community.
- ☐ Individuals cannot engage in the community
- ☐ Individuals cannot leave the home if they choose
- ☐ Individuals cannot choose roommates.
- ☐ Individuals cannot decorate the home how they choose
- ☐ Individuals do not have legal protections and rights.
- ☐ Individuals cannot access every part of the home.
- ☐ Individuals do not have privacy.
- ☐ Individuals cannot have visitors when they want.
- ☐ Individuals do not control their own schedules.
- ☐ Individuals cannot eat when they want.
- ☐ Individuals do not control their money.

Questions for Advocates

For each non-residential setting that does not meet the HCBS requirement, please provide the following information:

4)

Provider Name	
Provider Address (If you have it)	
Setting Type	

5) Areas of Non-Compliance (check all that apply)

- ☐ It's not part of the community.
- ☐ Individuals cannot choose whether they want to work and where.
- ☐ Individuals are paid sub-minimum wage
- ☐ Individuals do not have input on hours and schedules.
- ☐ Individuals do not receive supports to hold a job or volunteer in the community.
- ☐ Interactions are limited to individuals and paid staff
- ☐ Activities are not age appropriate.
- ☐ Individuals do not have the choice to pursue interests

Your response is anonymous. If you would like us to know who you are, please add insert your contact information below:

Name:

E-mail:

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Questions for Advocates

